ISSUE SLIP STAPLE AREA (for additional cross references)

| POSMON | INITIALS | ID NO. | DATE |] |
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| FEE DETERMINATION | | | | |
| O.I.P.E. CLASSIFIER | | BESTA | VAILARIE | COF |
| FORMALITY REVIEW | | | | |
| RESPONSE FORMALITY REVIEW | | | | |
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INDEX OF CLAIMS

| ✓ | Rejected | N | Non-elected |
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| | Allowed | ı | Interference |
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| | Restricted | 0 | Objected |

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| | Cla | im | Date | | | | | | | Claim Date | | | | | | | | | | | Claim Date | | | | | | | | | | | | | | | | |
| | Final | Original | 8/1 | | | | | | | | | | | Final | Original | | | | | | | | | | | Final | Original | | | | | | | | | | |
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If more than 150 claims or 10 actions staple additional sheet here